

# EQUALITY ANALYSIS (EA) TEMPLATE

Decision

Date



**What is the Public Sector Equality Duty (PSED)?** [Double click here for more information / Hide](#)

**What is an Equality Analysis (EA)?** [Double click here for more information / Hide](#)

**How to demonstrate compliance** [Double click here for more information / Hide](#)

**Deciding what needs to be assessed** [Double click here for more information / Hide](#)

**Role of the assessor** [Double click here for more information / Hide](#)

**How to carry out an Equality Analysis (EA)** [Double click here for more information / Hide](#)

## The Proposal *Click and hover over the questions to find more details on what is required*

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### **1. What is the Proposal?**

The Homelessness Strategy 2023-27 sets out the City of London Corporation's (City Corporation) vision, approach and commitment to tackle homelessness in the Square Mile in all its forms.

### **2. What are the recommendations?**

Outcome 1: We will aim that homelessness is Prevented

Outcome 2: We will provide effective and early Intervention to prevent homelessness

Outcome 3: We will provide effective and early Recovery support to minimise the impact of homelessness

Outcome 4: We will work in Collaboration to provide support those who are affected by homelessness

### **3. Who is affected by the Proposal?**

Homelessness is defined as not having a secure place to stay. This could include rough sleeping on the street, being in temporary or unsuitable accommodation, sleeping on a friend's sofa, or in a squat, or just not having some where safe to live. Homelessness can affect anyone, including families and children, couples, and single people, and can occur due to a variety of circumstances, including employment, health issues, family breakdown, housing costs and availability.

The most visible, and most dangerous form of homelessness is rough sleeping on the streets. Those sleeping rough in the Square Mile are predominately white British nationals between 26 and 45 years of age. The strategy and actions need

Local Authorities have a statutory duty to provide advice and assistance to residents and households who are risk of homelessness, including sourcing temporary accommodation. Some people are at higher risk of becoming homeless, including those on low incomes, in unstable employment or living in insecure or poor quality accommodation. The strategy and ongoing actions need to ensure that no one facing homelessness is allowed to slip through the gaps.

**Key borough statistics:**

The City has proportionately more people aged between 25 and 69 living in the Square Mile than Greater London. Conversely there are fewer young people. Approximately 800 children and young people under the age of 18 years live in the City. This is 11.8% of the total population in the area. Summaries of the City of London [age profiles from the 2011 Census can be found on our website](#). A new census was carried out in 2021, although only basic estimates have been released

A number of demographics and projections for demographics can be found on the [Greater London Authority website in the London DataStore](#). The site details statistics for the City of London and other London authorities at a ward level:

- [Population projections](#)

The populations of residents of the square mile are predicted to rise, and for the

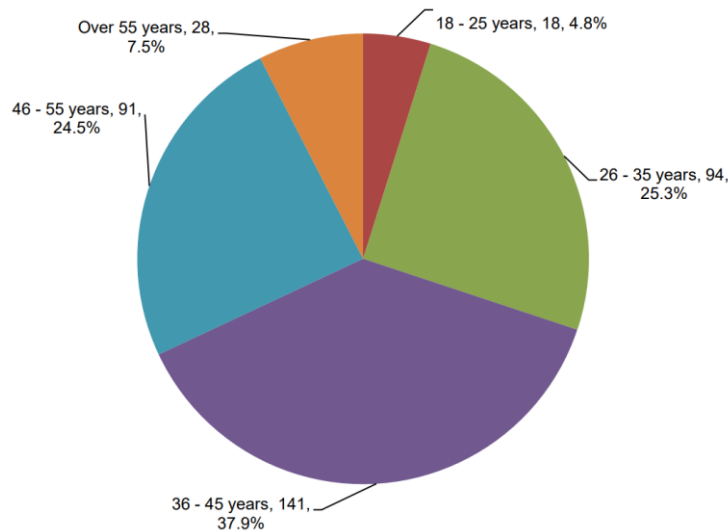
[Double click here to show borough wide statistics / hide statistics](#)

Age

**Additional Equalities Data (Service level or Corporate)** *Include data analysis of the impact of the proposals*

**Rough Sleepers**

The chart below shows the age profiles of those recorded as rough sleeping in the City of London from Counts conducted in 2021. The largest cohort of rough sleepers remains the 36-45 year old (37.9%) ages 26-35 and 46-55 are the next highest (25.3% and 24.5% respectively). The City of London has a relatively low percentage of rough sleepers over the age of 55, and under 25 (7.5% and 4.8% respectively). The majority of the rough sleepers identified in the City of London are working age.



**Statutory Homelessness**

Data from. Only 28 requests were made to the statutory homelessness team for Duty. Of these 36% were made by those 25-34 and 45-54. There were no applications by anyone over the age of 55, or below 18, with only 4% of applications being aged 18-24, 24% were aged 35-44. This again shows that the majority of those at risk or experiencing homelessness.

## Age

**What is the proposal's impact on the equalities aims? Look for *direct impact* but also evidence of *disproportionate impact* i.e. where a decision affects a protected group more than the general population, including *indirect impact***

### Young people

The City of London has low figures for those aged 25 and under sleeping rough. However, this figure will not include or identify the 'hidden homeless' who are more likely to be young people.

Action for Children have estimated that over 120,000 children and young people are homeless in the UK. (*What is the extent of youth homelessness in the UK? | Action For Children – accessed October 2022*). The research also suggests that 26% of care leavers have slept on a friend's sofa, and 14% have slept rough. Research from Centrepont also shows that there are strong links between rough sleeping as a young person and long-term rough sleeping and social exclusion in later life.

The drivers and impacts of youth homelessness and rough sleeping are often very different from those of older adults, and as such consideration of these issues should be included in any work, and distinct and tailored services and support in both the statutory and voluntary sector are in place.

The research from Centrepont (*Centrepont (2019) No place to stay: Experiences of Youth Homelessness. London: Centrepont.*) also suggests that the impacts of the Covid-19 pandemic have intensified the key drivers for youth homelessness and rough sleeping for example family breakdown and domestic abuse, and there is also a likelihood for this to increase in the financial drivers of youth homelessness due to the cost-of-living crisis. The Youth Homelessness Data bank, which captures youth homelessness data regardless of whether or not they have been assessed, shows a decrease for youth Homelessness in London, despite an overall year-on-year increase of youth Homelessness across the UK. Centrepont's report also highlights that 4 in 10 of the young people spoken to were either in care or care experienced. This suggests that local authorities may not be meeting their duties around providing children's care services, leaving vulnerable children to fall through the safety net. Relationship breakdown, bereavement and leaving care all acted as triggers that contributed to young people sleeping rough. These circumstances are

**What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?**

In order to prevent young people or older people from becoming homeless and resorting to rough sleeping the action plan that accompanies the homelessness strategy will need to:

- Ensure that statutory services and teams across the Community and Children's Services department are aware of situations that can lead young people to homelessness.
- Ensure that all services and teams are able to identify those at risks, leading to support from the necessary service in a timely manner.
- Ensure that all City of London front line staff are able to signpost young people to the right service and information they may need. This includes involving education services and across borough.
- Review the offering of housing to young people and that it is affordable for them to rent.
- Ensure that housing issues faced by older people, and those at risk are identified, and that services take into account housing needs
- Ensure that the complex nature and multiple needs of older homeless are recognised and that older people experiencing homelessness or at risk of homelessness are not marginalised.

## Age

consistently identified in research as precursors to young people becoming homeless (Watts, E. E., Johnsen, S., & Sosenko, F. (2015). *Youth Homelessness in the UK: A Review for The OVO Foundation*. Edinburgh: Heriot-Watt University).

Reports differ on their estimation of youth hidden homelessness, the study by Centrepoin estimated that as many as 73% of homeless young people had experience of being hidden homeless or sofa-surfing, Clark (2006) (Clarke, A., (2016) *The Prevalence of Rough Sleeping and Sofa Surfing Amongst Young People in the UK. Social Inclusion Volume 4, Issue 4*. Available at:

<https://www.cogitatiopress.com/socialinclusion/article/viewFile/597/597> )

identified in the region of 35% of all young people had experience of sofa-surfing and hidden homelessness and 26% of all young people had slept rough at some point. Whereas reports from Crisis suggest that over 100,000 young people in England, over half of young people homeless, rough sleeping or in unsuitable or temporary accommodation had experience of sofa surfing. (Crisis (2022) *The Homelessness Monitor 2022: England*. London: Crisis. Available at: [https://www.crisis.org.uk/media/246967/the-homelessnessmonitor-england-2022\\_full-report.pdf](https://www.crisis.org.uk/media/246967/the-homelessnessmonitor-england-2022_full-report.pdf))

In March 2021 the Mayor of London launched an initiative to provide specialist accommodation for 18-25 year olds rough sleeping in Greater London. It is estimated that across Greater London 11% of those rough sleeping are between 18 and 25 years old

Figures from DLUHC (*Department for Levelling Up, Housing and Communities (DLUHC), Live Tables on Homelessness*. Available at:

<https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>) show that in England 61,960 16-24 year olds were assessed for prevention duties , which also shows an increase in these assessments of this age group since 2018.

### Older people

Research also support that homelessness amongst older people is also increasing, with the Centre for Policy and Aging rapid review (2017) (*CPA-Rapid-Review-Diversity-in-Older-Age-Older-Homeless-People.pdf*) showing that between 2010 and 2015 the number of street homeless older people has more than doubled. The increased health issues experienced by those who are homeless and rough sleeping is likely to have a higher significant impact on those over 50 years of age -

## Age

considered older people (*Crane M and Warnes A M (2010) Homelessness among older people and service responses, Reviews in Clinical Gerontology, 20; 354-363*).

Crane (1999) estimated in a review that as many as 10 times the number of older people in England were sleeping rough to those in short-term or long-term temporary accommodations (*Crane M (1999) Understanding older homeless people, Open University Press, Buckingham*). The demographics of homelessness has changed in recent years with older people (aged 60 and above) currently form just 4% of statutory homeless households, and older people (aged 50 and above) make up between 9% and 12% of rough sleepers and homeless-hostel dwellers, despite this it is predicted that with a global aging population that the numbers of older people experiencing homelessness will increase.

CHAIN Data reported since 2005 has shown an increase in older people rough sleeping.

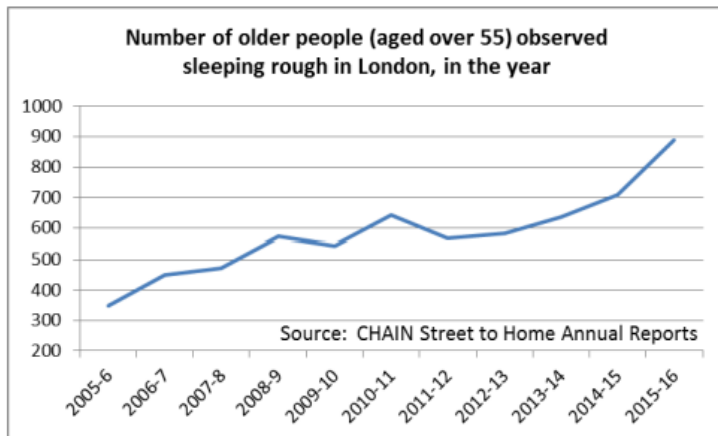


Figure 3

There has been no research carried out to the likelihood of older people to sofa-surf or be hidden homeless. Data is however available for those staying in hostel accommodation, and this suggests that older people have a tendency to remain in hostel accommodations for longer periods. The CPA report estimated this to be approximately 40% of hostel dwellers in London are older people who have been in place for over 5 years.

## Age

Again as with young people the drivers for homelessness in older people, is often different from other age demographics. Older women are more likely to cite relationship breakdown as a reason for becoming homeless, while older men associate becoming homeless with job loss and drug and alcohol problems (Crane & Warnes, 2010).

Homeless older people are more likely than other groups to experience social isolation and its associated problems, as well as issues surrounding personal safety and health (*Warnes A, Crane M, Whitehead N and Fu R (2003) Homelessness Factfile Sheffield Institute for Studies on Ageing, University of Sheffield; Crisis*).

## Disability [Double click here to add impact / Hide](#)

[Check box if NOT applicable](#)

### Key borough statistics:

Day-to-day activities can be limited by disability or long term illness - In the City of London as a whole, 89% of the residents feel they have no limitations in their activities – this is higher than both in England and Wales (82%) and Greater London (86%). In the areas outside the main housing estates, around 95% of the residents responded that their activities were not limited. Extract from summary of the [2011 Census relating to resident population health for the City of London can be found on our website](#).

The 2011 Census identified that for the City of London's population:

- 4.4% (328) had a disability that limited their day-to-day activities a lot
- 7.1% (520) had a disability that limited their day-to-day activities a little.

Source: 2011 Census: [Long-term health problem or disability, local authorities in England and Wales](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below under “additional equalities data”.

[Double click here to show borough wide statistics / hide statistics](#)

## Disability

**Additional Equalities Data (Service level or Corporate)** *Include data analysis of the impact of the proposals*

### Rough Sleepers

Current research estimates that 1 in 5 working age adults in the UK has a disability as defined by the Equalities Act 2010, and that 50% of households will have experience of disability. This suggests that when it is considered that the highest proportion of the rough sleepers recorded within the Square Mile are working age, that it is very likely that at least 20% will have a disability

The Combined Homelessness and Information Network (CHAIN) analysis from 2021/22 showed that 57% of all recorded rough sleepers, had mental health support needs. This figure went up to 66% of all rough sleepers within the City, although it should be noted that CHAIN does not record any data on the other disability status of rough sleepers.

## Disability

### Chain Annual Report City of London 2021/22 – Breakdown of support needs among rough sleepers

N.B Total excluding unknown or unassessed used as base for percentages.

Support Needs	No.	%
Alcohol only	15	6%
Drugs only	24	10%
Mental health only	45	19%
Alcohol and drugs	9	4%
Alcohol and mental health	19	8%
Drugs and mental health	46	19%
Alcohol, drugs and mental health	48	20%
All three no	21	9%
All three no, not known or not assessed	13	5%
All three not known or not assessed	132	
<b>Total (excl. not assessed)</b>	<b>240</b>	<b>100%</b>
<b>Total (incl. not assessed)</b>	<b>372</b>	

Note: Total excluding not known or assessed is used as base for percentages.

### Statutory homelessness

DLUHC's data for the statutory homelessness for the City of London does not record the disability status of those applying for prevention or relief duties. However a report produced in England, from April-June 2018, of the 58,660 households who were owed a homelessness duty, 27,580 households were identified as having support needs. Of these households 40,110 support needs were identified - an average of 1.5 support needs per household. The most common support need identified was a history of mental health problems which was reported by 12,700 of households with support needs. The second largest group was those with physical ill health or disability, identified by 8,190 households. Other notable groups included those with experience of domestic abuse (5,500 households), those with drug (3,090 households) and alcohol dependency needs (2,510 households).

The number of homeless households in England identified by councils as priority cases because they contain someone who is classed as vulnerable because of their mental illness, has risen from 3,200 in 2010 to 5,470 in 2017.

Of the 83 households registered with the City of London Housing Team in 2018-19 55% are classed as having a disability (11 have a physical disability, 18 have a mental ill health, 4 have learning disabilities and 13 have a long-term illness or condition). There is always a risk that a disability can hinder people from finding and retaining a home.

**What is the proposal's impact on the equalities aims? Look for *direct impact* but also evidence of *disproportionate impact* i.e. where a decision affects a protected group more than the general population, including *indirect impact***

A report by the Housing Rights Watch (Homelessness and disabilities: the impact of recent Human Rights developments in Policy and Practice | Housing Rights Watch) identifies that research and data surrounding disability and homelessness as limited, it has been identified that there are substantial overlaps between those

**What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?**

The Homelessness Strategy will need to refer and respond to the findings of the June 2018 report on how to better support rough sleepers. This can be done through considering solutions, such as:



## Disability

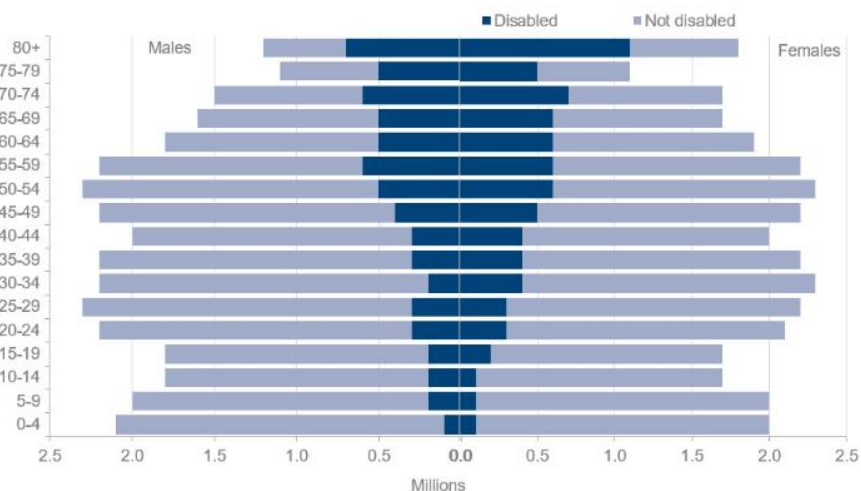
with long-term health conditions and disabilities and those who experience or at high risk of homelessness.

Equality and Human rights report that only 7% of homes offer minimal accessibility features (*housing-and-disabled-people-britains-hidden-crisis-main-report\_0.pdf* ([equalityhumanrights.com](http://equalityhumanrights.com)))

Data from the ONS shows that people with disabilities are less likely to own their own home (42.4%), with some specific forms of disability making that much less likely, for example only 4.1% of people with learning disabilities own their own home, and those with mental health conditions and epilepsy also have low proportions of home ownership (17.5% and 25% respectively). Disabled people between the ages on 25-54 years old are more likely to live with their parents, although those between 16-24 years old are less likely to live with their parents. 25% of disabled people between 16 and 64 years old are in rented social housing, compared to 8.2% of non-disabled people.

Issues surrounding disability and homelessness also need to consider the increase in disabilities and long-term health conditions that are associated with older ages.

### Population distributions of disabled and non-disabled people by age group.



- New roles like a specialist health professional e.g. nurse practitioner and/or peer worker completes assessments. These will likely be carried out over time, allowing for trust and relationships to form.
- A record that could be shared across organisations, perhaps using technology.
- Partners make a public commitment to a ‘no wrong door’ approach.
- Employ care navigators to co-ordinate care and support around an individual and enable individuals to access, and benefit from health services. Peer advocacy would also be appropriate for some individuals, including those who have moved off the streets but still have high health needs. These roles would follow an individual wherever they go in Greater London to access services.
- Care and support needs should be assessed through a Care Act assessment as it must be assumed that:
  - Physical and/or mental ill-health are associated with rough sleeping, and there are likely needs arising from this ill-health;
  - These needs are likely to prevent an individual sustaining a home and related outcomes e.g., accessing work;
  - The needs and inability to achieve the specified outcomes cause or risk causing a significant impact on their wellbeing.
- ‘Care passport’ for the individual which captures information about experiences, preferences and aspirations (including that gained through the health assessment).
- Enable access to health services (not just health care) in locations in the City of London.
- Learning from the assessment and care navigator approach should inform pathways/transitions between services and across local authority and CCG boundaries.
- Assessments of need should identify needs for mental health and wellbeing services – these should not be limited to the treatment of ill-health but the promotion of good mental health, and opportunities for individuals to benefit from health-promoting activity e.g. physical activity, social interaction etc.
- With Healthwatch, and support from an appropriate organisation e.g. Groundswell, Providence Row, St Mungo’s, complete an exercise with people experiencing rough sleeping/people who have moved on from rough sleeping, to identify what the ideal pathway would be for people experiencing mental ill-health, and enable this work to inform service redesign (including addressing gaps).

## Disability

Inappropriate or inadequate accommodations can lead to or exacerbate health conditions, for example damp and mould, heating issues

And research supports that there is a significant tendency for those experiencing homelessness and rough sleeping to have increased incidents of mental health issues.

Issues surround the suitability of accommodations, housing adaptations and access to community support services must be at the forefront of considerations for those with disabilities and health issues.

### Rough Sleepers

Research by Action for Children suggests that compared to the general population, individuals who are rough sleeping are far more likely to report mental health issues. A report for the City of London on healthcare for rough sleepers (Revolving Doors Agency, Health care provision for people sleeping rough in the City of London, June 2018) identified the following challenges:

- Health needs and preferences of people experiencing rough sleeping are not known or shared between services working with them.
- People experiencing rough sleeping in the City of London are likely to be accessing health services elsewhere in Greater London. Although little is known about the circumstances, experiences and effectiveness of treatment received, evidence suggests that experiences and outcomes are unlikely to be positive. It is also unclear if care and support services on offer to housed residents in City of London are accessible to people sleeping rough e.g. those accessed through a Care Act assessment.
- Mental ill-health is a significant issue for people experiencing rough sleeping. There is no clear pathway to services, and gaps in services, across the spectrum of need, for people in this situation, and those who have moved off the streets e.g., living in the Lodge, who may need continued support to sustain their homes.
- There are many services working across sectors that engage with people experiencing rough sleeping in the City of London, albeit to achieve different and potentially conflicting outcomes. Provision is weighted towards reactive and crisis management rather than planned and preventative. There is more than one meeting of partners to discuss individual cases and it is unclear how they relate, who is accountable for what, or how learning is applied.

- Provide a spot-purchase fund to enable individual's needs to be met in a timely manner, and to buy-in services that are not otherwise available in the City of London. This would include mental health services that are not time-bound.
- The Homelessness strategy secures a shared ambition, better understanding of collective resources, roles and responsibilities, and agreement over how to achieve the best possible outcomes for individuals.
- Implement a single multi-disciplinary team approach to people experiencing rough sleeping.
- Consider how the findings from the three integration work streams (planned care; unplanned care; prevention) apply to people with experience of rough sleeping and chronic homelessness to ensure these factors inform redesign.

As part of the prevention work it is vital that services are able to flag those at risk of potential homelessness, so they receive timely support. For example, if someone is not coping with a mental health illness the health practitioner needs to be well informed as to how that individual can be supported. This could include advocacy between the individual and their work place, or with a private landlord.

## Disability

The Housing Act (1996) prioritises housing for disabled people and those with health conditions.  
The United Nations Convention on the rights of Persons with Disabilities (UNCPRD) has introduced a new benchmark for the provision of adequate housing to disabled people.

## Pregnancy and Maternity [Double click here to add impact / Hide](#)

Check box if NOT applicable

### Key borough statistics:

Under the theme of population, the [ONS website](#) has a large number of data collections grouped under:

- [Conception and Fertility Rates](#)
- [Live Births and Still Births](#)
- [Maternities](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below under “additional equalities data”.

[Double click here to show borough wide statistics / hide statistics](#)

## Pregnancy and Maternity

**Additional Equalities Data (Service level or Corporate)** *Include data analysis of the impact of the proposals.*

CHAIN data for rough sleepers in the City of London only identifies a small population of female rough sleeps (10.3%) and no data recorded for pregnancy or women rough sleeping with children.

20% of households owed a prevention duty within the City of London were single parent households of women with children, and a further 20% were single parent households of men with children. Of those owed a relief duty 15% were single parent families, and all of these were households of single women.

The number of homeless families in London has increased by 51% since 2011 and nationally by 15% since 2012. Within the homeless population, the number of couples with dependent children has increased by 73%, and lone parents by 50% (42 000 households). Crisis reports that there has been a 22% drop in the numbers threatened with homelessness of households with families in 2019/2020. It is likely however that this reduction is in some part due to the measures put in place to protect households from homelessness during the Covid-19 pandemic ([the-homelessness-monitor-england-2022\\_report.pdf \(crisis.org.uk\)](#)). This report also estimates that in April-May 2021 approximately 7% of households in England in the Private Rented Sector were in rent arrears, and that a rise of 4% of temporary accommodation placements is continuing a steady increase which has seen the number of temporary accommodation placements double since 2010.

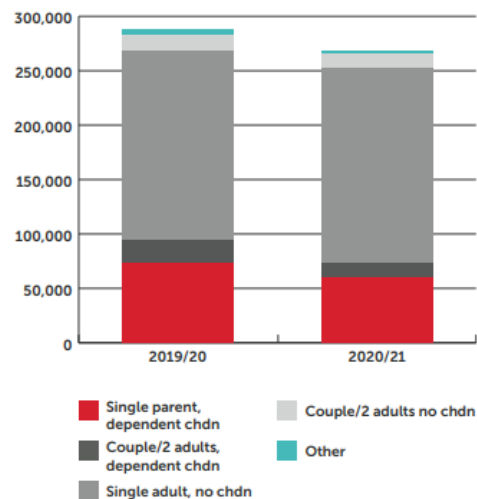
## Pregnancy and Maternity

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The limited research on the specific impact of homelessness on babies shows that homeless infants experience a significant decline in general developmental function between 4 and 30 months. Evidence also shows that homelessness and temporary accommodation during pregnancy are associated with an increased risk of preterm birth, low birth weight, poor mental health in infants and children, and developmental delay, and there is anecdotal evidence that the increase stressed experienced during pregnancy and early maternity on those at risk of or experiencing homelessness may also have an adverse effect on foetal and early child development.

Families with children are generally prioritised as they are identified as needing statutory support. The highest reason for households to be accepted as in priority need is due to have dependants (across England there were 38,370 cases accepted due to this reason in 2017). Due to individuals faced with homelessness often fail to be recognised as vulnerable, despite being in danger, particularly single males who are identified as being at the lowest priority need.

(b) All prevention and relief duty applicants: 2020/21 compared with 2019/20



**What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?**

Despite the City of London having low numbers of women with dependants or pregnant, services must still be capable of responding to their needs in a timely manner.

However, as this demographic are generally prioritised as in priority need, the strategy and on-going actions must look at how individuals are also supported. This will be done by ensuring that the duties under the Homelessness Reduction Act (HRA) 2017 are fully undertaken by the City Corporation. The HRA provisions require local housing authorities to provide homelessness advice services to all residents in their area and expands the categories of people who they have to help to find accommodation. Individuals will be better supported through:

- A strengthened duty to provide advisory services.
- An extension to the period during which an applicant considered 'threatened with homelessness' from 28 to 56 days.
- New duties to assess all applicants (**now including those who are not in priority need**) and to take reasonable steps to prevent and relieve homelessness.
- These steps will be set out in a personalised housing plan that, wherever possible, must be agreed between the local authority and the applicant.

## Pregnancy and Maternity

Reports from St. Mungo's show that socially excluded and vulnerable women are less likely to engage with services, and have an increased risk of maternal death. Pregnancy is also a period where an individual is more vulnerable from a variety of factors, including an increase risk of abuse and exploitation. Pregnancy has also been shown to either start or escalate domestic abuse. (*Saving Mothers Lives – Reviewing maternal deaths to make motherhood safer: 2006-2008 (2011) British Journal of Obstetrics and Gynaecology, vol 118, S.1.*)

A survey of people accessing St Mungo's services found that over 50% of women are mothers and of those 79% have had children taken into care (*St Mungo's (2014). Rebuilding Shattered Lives. London: St Mungo'*)

Access to health care is frequently cited as a barrier to those homeless and rough sleeping, and therefore during periods of pregnancy and maternity, when access to health care is important, and this should also be in consideration.

**Race** [Double click here to add impact / Hide](#)

[Check box if NOT applicable](#)

### Key Borough Statistics:

Our resident population is predominantly white. The largest minority ethnic groups of children and young people in the area are Asian/Bangladeshi and Mixed – Asian and White. The City has a relatively small Black population, less than London and England and Wales. Children and young people from minority ethnic groups account for 41.71% of all children living in the area, compared with 21.11% nationally. White British residents comprise 57.5% of the total population, followed by White – Other at 19%.

The second largest ethnic group in the resident population is Asian, which totals 12.7% - this group is fairly evenly divided between Asian/Indian at 2.9%; Asian/Bangladeshi at 3.1%; Asian/Chinese at 3.6% and Asian/Other at 2.9%. The City of London has the highest percentage of Chinese people of any local authority in London and the second highest percentage in England and Wales. The City of London has a relatively small Black population comprising 2.6% of residents. This is considerably lower than the Greater London wide percentage of 13.3% and also smaller than the percentage for England and Wales of 3.3%.

[See ONS Census information](#) or [Greater London Authority projections](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below

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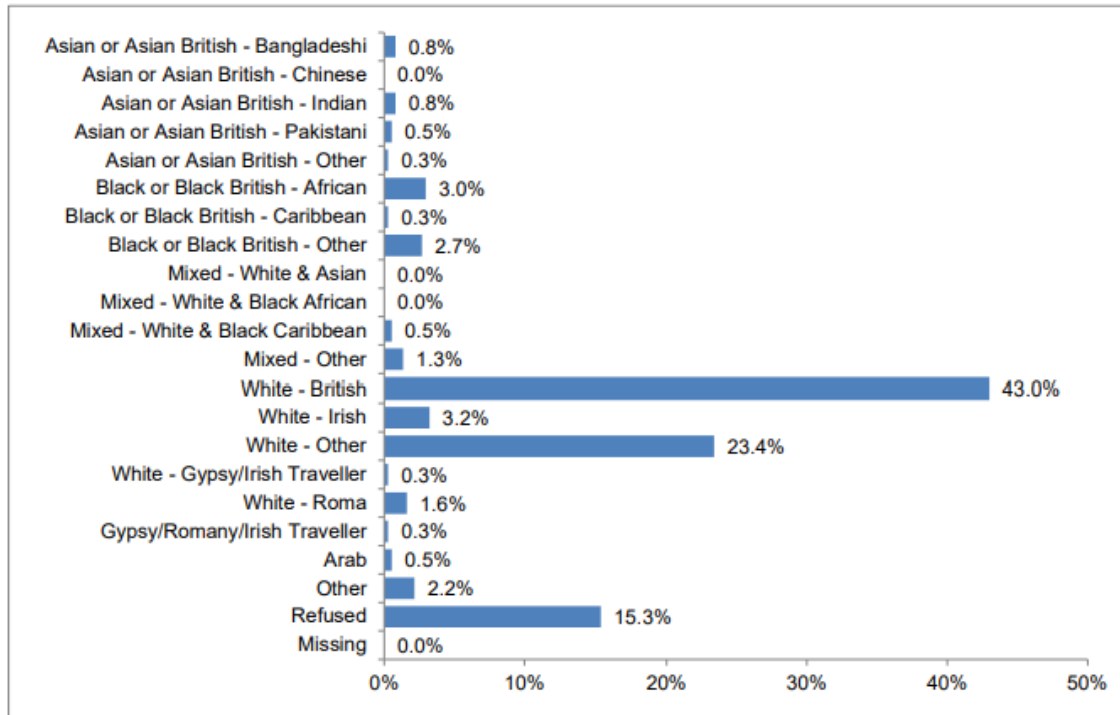
## Race

**Additional Equalities Data (Service level or Corporate)** *Include data analysis of the impact of the proposals*

### Rough Sleepers

The majority of the rough sleepers recorded in the Square mile in the 2021/22 CHAIN report were white (69% in total with the largest proportion being White British – 43%)

## Race



Base: 372

### Statutory Homelessness

The Ethnicity of applicants to statutory relief duties follows a similar pattern to those rough sleeping. (although the data collected is less detailed). Figures from DLUHC state that 60% of applicants for prevention or relief duty were white, 16% other ethnicities and 8% were black, Asian or multiple ethnicities respectively.

**What is the proposal's impact on the equalities aims? Look for *direct impact* but also evidence of *disproportionate impact* i.e. where a decision affects a protected group more than the general population, including *indirect impact***

A report from Crisis shows that there is clear evidence that ethnic minority and global majority groups are disproportionately affected by homelessness. Compounded with this is the increased likelihood for working adults from these communities to be in less affordable housing.

**What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?**

The Homelessness Strategy and on-going actions must ensure the awareness and understanding of race issues are factored in to full wrap around support – from prevention to ensuring that no one needs to return to homelessness.

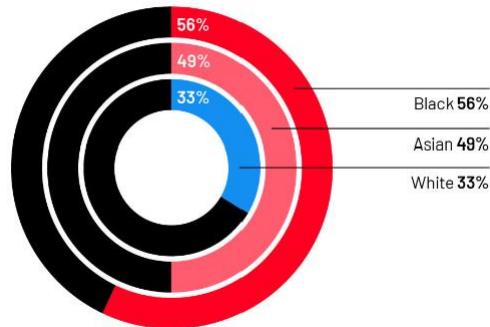
This could be done through:

## Race

10% of applications for prevent and relief duty in 2020-21 were from black led applicants, which when considered that in England black people make up 3.5% of the population indicates the disproportionality of the risks to homelessness. According to research conducted by Shelter Bangladeshi households are also twice as likely to claim housing benefits than white households. (*The fight for home is a fight against racism - Shelter England*)

The Joseph Rountree Foundation found that disparities in the labour market and inequalities, and wider discrimination, from landlords and services was disproportionately affecting global majority communities.

Anecdotal studies have found that abuse, threats and assaults as hate crimes in hostels also lead to many global majority individuals preferring to rough sleep or sofa-surf than go into hostels, and very little research has been carried out in this arena. Crisis is currently scoping research into race homelessness and housing



Immigration policies and controls also have an influence in this area, and for those with No Recourse to Public Funds (NRPF) it is even more challenging to access support. Those with NRPF are more likely to skip meals, rely on food banks and face increased debt (*Why are people of colour disproportionately impacted by the housing crisis? | Shelter*). And even research from the Joint Council for the Welfare of Immigrants (JCWI) in 2017 found that over half of landlords (51%) were less likely to consider renting to foreign nationals from outside of the EU because of the Right to Rent scheme

- Training for all front-line staff on the challenges faced by different population groups, including prejudice from the private rent market.
- Training for staff on how to support non-UK nationals, including ensuring they access the full range of support they are entitled to.
- Commissioning work into how services can tailor their support to meet the different needs of the population based on nationalities and cultural responses.

Through the national homelessness strategy, a cross-government working group has been set up around supporting non-UK nationals off the streets. There has also been a commitment of £5 million new funding to support non-UK nationals who sleep rough, with an increased focus on rough sleeping in the Controlling Migration Fund.

## Race

According to Shelter's report, Shut out: The barriers low-income households face in private renting, racial prejudice within the lettings market is likely to be a factor. Private landlords are able to cherry-pick who they let to and research undertaken by Shelter shows that a high proportion (40% of those making some letting decisions) admit that it is 'natural for prejudices and stereotypes to come into letting decisions'.

The Right to Rent checks, which criminalise landlords who let to people without regularised immigration status, is likely to lead to landlords being wary of letting to anyone who they might perceive as an immigrant. This might be because of their race, name or accent, especially if they are among the 14% of English people without a passport.

Despite the population of City of London rough sleepers and statutory homeless being predominately UK nationals and white, awareness and training of the challenges facing the BAME and non-UK population are essential.

Research has also shown that a multi-agency multi-disciplinary approach is key to responding to issues raised in these communities.

## Religion or Belief [Double click here to add impact / Hide](#)

Check box if NOT applicable

### Key borough statistics – sources include:

The ONS website has a number of data collections on [religion and belief](#), grouped under the theme of religion and identity.  
[Religion in England and Wales provides a summary of the Census 2011 by ward level](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below under “additional equalities data”.

## *Religion or Belief*

**Additional Equalities Data (Service level or Corporate)** *Include data analysis of the impact of the proposals*

Data is not collected on the religion or belief of rough sleepers, those at risk of homelessness or those applying to the City of London for prevention or relief duties. Despite this there are faith groups that provide support for rough sleeper in the City of London



## Religion or Belief

**What is the proposal's impact on the equalities aims? Look for *direct impact* but also evidence of *disproportionate impact* i.e. where a decision affects a protected group more than the general population, including *indirect impact***

There is little to no research available in the United Kingdom for the direct or indirect impacts of spirituality and belief on incidents or individuals. The Department of Health (2011) identifies belief and spirituality as a broader way in which individuals understand and live their lives, through their core beliefs and values (*Department of Health. 2011. Spiritual Care at the End of Life: a systematic review of the literature.*)

There are anecdotal reports that religion and belief may lead to incidents of homelessness and rough sleeping, for example where differences in family beliefs may lead to family breakdown and tensions leading to homelessness and exclusions.

Also linked to this is the Hate Crime that may be experienced by an individual through perception of faith based on race

In the USA there is wider research into religion, belief and spirituality, as is also the case in the Republic of Ireland. For Ireland research suggested that there was an identifiable need to assess the faith and spirituality of those experience homelessness and rough sleeping, particularly with older people (*Walsh K. 2013. Homelessness, Ageing and Dying*).

Some research also argues that the trauma experienced by those who are homeless and/or rough sleeping may be supported by additional spiritual support (*Hudson B, Flemming K, Shulman C, Candy B. 2016. Challenges to access and provision of palliative care for people who are homeless: a systematic review of qualitative research*). A report from Faith Action makes the recommendation that faith groups are recognised as a source of support for those suffering relationship breakdown or bereavement which may be a driver of homelessness and also identify that faith groups may be more appropriately placed to support immigration issues (*Homelessness AW.indd (faithaction.net)*),

Consideration should be made that faith groups commissioned or providing services are not excluding individuals of different faiths.

**What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?**

The Homelessness Strategy and on-going actions must ensure the awareness and understanding of faith issues are factored in to full wrap around support – from prevention to ensuring that no one needs to return to homelessness.

This could be done through:

- Consideration to training for all front-line staff on the challenges faced by different faith groups, including prejudice that may exist within the faith
- Training for staff on how to support non-UK nationals, including ensuring they access the full range of support they are entitled to.
- Commissioning work that ensures that no individual is excluded on the basis of faith.

**Key borough statistics:**

At the time of the [2011 Census the usual resident population of the City of London](#) could be broken up into:

- 4,091 males (55.5%)
- 3,284 females (44.5%)

A number of demographics and projections for demographics can be found on the [Greater London Authority website in the London DataStore](#). The site details statistics for the City of London and other London authorities at a ward level:

- [Population projections](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below under “additional equalities data”.

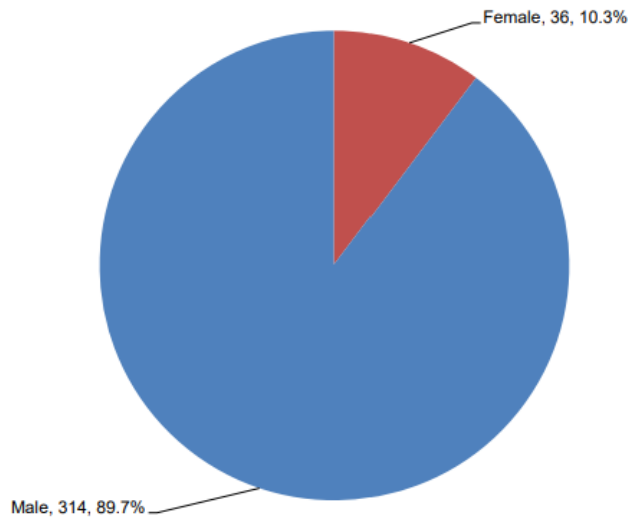
Double click here to show borough wide statistics / hide statistics

**Sex**

**Additional Equalities Data (Service level or Corporate)** *Include data analysis of the impact of the proposals*

**Rough Sleepers**

The 2021/22 Annual CHAIN report showed that the overwhelming majority of Rough Sleepers in the City were male- 90%. Only 10% of all recorded rough sleepers that year had been female. A spot count carried out across the City of London Identified 4 women sleeping rough.



**Statutory Homelessness**

Within the City of London, 60% of households owed a prevention duty were female, with 30% of those owed a relief duty being female.

## Sex

**What is the proposal's impact on the equalities aims? Look for *direct impact* but also evidence of *disproportionate impact* i.e. where a decision affects a protected group more than the general population, including *indirect impact***

2021 saw a shift in focus for many organisations to identify and create work specifically to support women who experience homelessness and rough sleeping. Especially as it is well known that women are likely to be much harder to identify. There is growing evidence that men and women experience homelessness differently, and the results of gender-neutral services can often lead to women avoiding seeking support.

Women's homelessness makes up the majority of all recorded homelessness in the UK when taking into account families in temporary accommodation, sofa surfing, rough sleeping and 'hidden' forms of homelessness. Women comprise 67% of statutory homeless people, and single mothers make up two-thirds (66%) of all statutory homeless families with children (*Women's Budget Group (2018) Housing and Gender: Briefing from the UK Women's Budget Group on the gender impact of changes in housing policy since 2010. London: Women's Budget Group*)

Women who are homeless are especially vulnerable to violence and experience risk differently to men, subject to stigma, sexual abuse and harassment, robbery, and severe stress, in addition to violence, with the serious impact on physical and mental health that this has, as well as on self-esteem (*Groundswell (2020) Women, homelessness and health: A peer research project. London: Groundswell*).

Research from St Mungo's found that one-third of the women involved said that domestic abuse had contributed to their becoming homeless (*Hutchinson, S., Page, A. and Sample, E. (2014) Rebuilding Shattered Lives. London: St Mungo's*) Furthermore, this research found that many women experiencing homelessness are mothers, although they may not have their children with them currently due to their circumstances, and the high degree of shame and cultural judgement this carries cannot be underestimated.

Homelessness is frequently viewed through the perspective of rough sleeping, yet studies have found that women will turn to sleeping on the streets as a last resort, as they would be at such risk, opting for other precarious and potentially unsafe arrangements, such as long-term sofasurfing, remaining with or returning to

**What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?**

Even if few, actions to support women sleeping rough in the City of London will be part of the strategy and on-going action plan. This can be done through:

- Training for all front-line staff that may come into contact with females suffering from domestic abuse that need help.
- Training for all outreach workers on how to best support any females found sleeping rough in the City of London.

Mitigation of disadvantage among the statutory homeless can be done by ensuring that the duties under the Homelessness Reduction Act (HRA) 2017 are fully undertaken by the City Corporation. The HRA provisions require local housing authorities to provide homelessness advice services to all residents in their area and expands the categories of people who they have to help to find accommodation. Individuals will be better supported through:

- A strengthened duty to provide advisory services.
- An extension to the period during which an applicant considered 'threatened with homelessness' from 28 to 56 days.
- New duties to assess all applicants (**now including those who are not in priority need**) and to take reasonable steps to prevent and relieve homelessness.
- These steps will be set out in a personalised housing plan that, wherever possible, must be agreed between the local authority and the applicant.
- Strengthen understanding of VAWG and the direct and indirect impacts on women.

## Sex

dangerous partners, or sexual exploitation in exchange for accommodation  
(Bretherton, J. and Maycock, P. (2021) *Women's Homelessness: European Evidence Review*. Brussels: FEANTSA.).

Whilst the majority of people known to the City of London Housing Team are male, this should not prevent further mitigation to ensure that individual males in need are not disadvantaged.

St Martin's have produced a specific report on ending Homelessness for women in London (*Womens-Development-Unit\_Womens\_Homelessness\_Evidence\_Report.pdf* ([connection-at-stmartins.org.uk](http://connection-at-stmartins.org.uk)))

## Sexual Orientation and Gender Reassignment [Double click here to add impact / Hide](#)

[Check box if NOT applicable](#)

### Key borough statistics – suggested sources include:

- [Sexual Identity in the UK – ONS 2014](#)
- [Measuring Sexual Identity – ONS](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below under “additional equalities data”.

[Double click here to show borough wide statistics / hide statistics](#)

## Sexual Orientation and Gender Reassignment

**Additional Equalities Data (Service level or Corporate)** *Include data analysis of the impact of the proposals*

### Rough Sleepers

No data is collected on the sexual orientation of rough sleepers as part of the regular CHAIN reporting.

### Statutory Homelessness

48% of the City of London statutory homeless population owed a duty identified as heterosexual. 24% identified as homosexual and the remaining 28% were either characterised as other or preferred not to say.

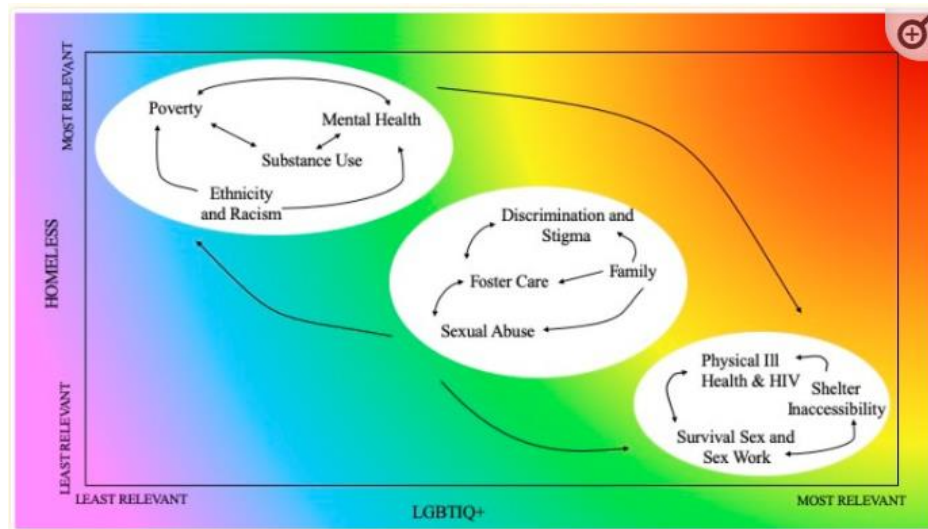
## Sexual Orientation and Gender Reassignment

**What is the proposal's impact on the equalities aims?** Look for *direct impact* but also evidence of *disproportionate impact* i.e. where a decision affects a protected group more than the general population, including *indirect impact*

Gender identity is not identified in English homelessness statistics, even though AKT's research suggests that within the LGBTQ+ community, it is trans young people who are currently suffering the most. DLUHC confirms to *Inside Housing* that local authorities are instructed to collect data on gender identity. The official question asks people to identify as "male", "female" or "transgender". But most trans people would be unlikely to tick that last option

Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer (LGBTIQ+) people's experiences of homelessness is an under-explored area of housing and homelessness studies, despite this group making up 20–40% of homeless population (*Fraser B, Pierse N, Chisholm E, Cook H. LGBTIQ+ Homelessness: A Review of the Literature. Int J Environ Res Public Health. 2019 Jul 26;16(15):2677*)

Action for children estimate that 24% of all homeless young people are LGBTQ+



Many people in the LGBTQ+ community, do not feel comfortable disclosing their sexual orientation or gender identity when rough sleeping

**What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?**

The Homelessness Strategy and on-going actions must ensure that training and awareness is incorporated across all service front line staff on how to effectively support LGBTQ+ people.

Given that it is unclear how many LGBTQ+ people are among the City of London homeless population, it is critical that all front-line staff are aware of specific LGBTQ+ services and that signposting to these services makes up part of the standard package offered.

## Sexual Orientation and Gender Reassignment

LGBTIQ+ homeless people have higher rates of substance use when compared to non-LGBTIQ+ homeless people (*Van Leeuwen J.M., Boyle S., Salomonsen-Sautel S., Baker N.D., Garcia T.J., Hoffman A., Hopfer C.J. Lesbian, Gay, and Bisexual Homeless Youth: An Eight-City Public Health Perspective. Child Welfare. 2005;85:151–170*)

Once in a service, abuse and homophobia, biphobia and/or transphobia can be perpetrated by services themselves, which means some individuals may disengage and leave the service before they are able to start recovery. It is important for projects to understand the needs of LGBTQ+ groups so that they can tailor their provision and ensure their service remains inclusive for those who identify as LGBTQ+. It is also important not to assume that there are no LGBTQ+ services users in a particular service simply because they are not 'out' about their gender identity or sexuality. Given the lack of data across all forms of homelessness in the City of London this is of particular importance.

Young people identifying as LGBTQ+ are more likely to find themselves homeless than their non-LGBTQ+ peers, comprising of 24% of the youth homelessness population across England. Approximately 4% of individuals using services for people experiencing homelessness identify as being lesbian, gay, bisexual or transgender (LGBT). In contrast to the evidence for the general cohort of homeless individuals, young people that identify as LGBTQ+ reported that the top three reasons for their homelessness were parental rejection, abuse within the family, and aggression/violence in the family. Prior to entering homelessness services, LGBTQ+ people may have issues relating to substance misuse as well as a higher incidence of mental health needs.

While young LGBTQ+ people are generally able to move on and exit the cycle of homelessness permanently, a 2018/19 study by Shelter found that trans people are at risk of homelessness and housing precarity throughout their lifespan.<sup>56</sup> Common themes for young trans people are becoming trapped in unsafe relationships upon which their housing is dependent and with no family to turn to, sofa surfing, and experiences of hate crime, domestic abuse and sexual exploitation. The research also indicated that trans people had an overwhelmingly negative view of mainstream services and thus were unlikely to seek out services that could support them. This was due to a perception that they would not have anything to offer them that met their needs

**Key borough statistics - sources include:**

- [The 2011 Census contain data broken up by local authority, Homelessness statistics - GOV.UK \(www.gov.uk\) and CHAIN data](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below under “additional equalities data”.

[Double click here to show borough wide statistics / hide statistics](#)

**Marriage and Civil Partnership**

**Additional Equalities Data (Service level or Corporate)** *Include data analysis of the impact of the proposals*

**Rough Sleepers**

No data is collected on the marital or civil partnership status of rough sleepers as part of the regular CHAIN reporting. Some commissioned service partners have reported challenges when working with couples who are homeless and being able to provide them with appropriate support and accommodation

**Statutory Homelessness**

DLUHC data on the status of households owed a prevention duty identifies that 40% were single male applicants, and 60% of applications owed a relief duty were also single men. No couples were owed a prevention duty and only 2 couples with dependent children were owed a relief duty

In 2016, government figures reported that relationship breakdown was responsible for 1 in every 6 cases of homelessness in England, making it the third most common cause of homelessness in the country. Over the quarter ending March 2018, a violent breakdown of a relationship involving a partner accounted for 12% of homelessness across England and non-violent breakdown of a relationship with a partner accounted for 6% of homelessness- totalling at 18% of the overall homelessness figure.

**What is the proposal’s impact on the equalities aims?** *Look for **direct impact** but also evidence of **disproportionate impact** i.e. where a decision affects a protected group more than the general population, including **indirect impact***

**Rough Sleeping**

Rough sleeping couples have become a familiar sight on the streets of many English towns and cities. The BWC report shows that most of these relationships develop among those already homeless, fuelled by a belief among highly vulnerable women that they are safer on the street in a couple, even where a relationship might be controlling, abusive or harmful. (*Brighton Women’s Centre, Couples first? Understanding the needs of rough sleeping couples, October 2018*)

Fewer than 10% of services in England will accept couples together, meaning that the couple may choose not to access support at all rather than be housed separately (*St Mungo’s (2020) Homeless Couples and Relationships Toolkit. London: St Mungo’s*)

**What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?**

The Homelessness strategy and on-going action will support those who are impacted negatively by not being married or in a civil partnership due to the increase in duties through the HRA 2017. The HRA provisions require local housing authorities to provide homelessness advice services to all residents in their area and expands the categories of people who they have to help to find accommodation. Individuals will be better supported through:

- A strengthened duty to provide advisory services.
- An extension to the period during which an applicant considered ‘threatened with homelessness’ from 28 to 56 days.
- New duties to assess all applicants (**now including those who are not in priority need**) and to take reasonable steps to prevent and relieve homelessness.

## Marriage and Civil Partnership

In addition much of the support available to women experiencing homelessness who are in an abusive relationship does not take into account the complexities of street-based relationships and instead are focused on her leaving the perpetrator, rather than tackling the other issues she may face. For example, MARACs (Multi-Agency Risk Assessment Conferences), focus on a victim of abuse leaving their partner. Yet it can be extremely challenging for her to leave an abusive partner when homeless and may not even be desirable for her.

The existing research on homeless couples has highlighted the need to identify and celebrate more positive relationships using a strengths-based approach in an appropriate and safe way, despite the assumptions and fear that there is domestic abuse occurring in homeless peoples relationships, or that a couple refusing to be seen separately is a sign of controlling and coercive behaviours.

### Statutory homelessness

The law on the housing rights of separating couples is complicated. It is based on a mix of housing and family law. It is important to seek advice as every case is different and this can mean that relationship breakdowns account for a high number of people approaching local authorities for help. If the couple were never married or in a civil partnership the options available become more limited.

According to a report by HomelessLink (*Exploring Womens Homelessness Final VA\_- Copy.docx*) Statutory homelessness is more gender-balanced. Part 7 of the Housing Act 1996 (alongside subsequent amendments) assigns priority need to households with dependent children. As a result, statutory homelessness is made up of a large number of families most of which include a woman or are female-headed households. Agenda reported that 56% of statutorily homeless households in 2019 were women with dependent children or lone women (*Agenda (2020) Women and girls who are homeless [https://weareagenda.org/wp-content/uploads/2020/04/Women-and-girls-who-are-homeless\\_2020-Agenda-Briefing-2.pdf](https://weareagenda.org/wp-content/uploads/2020/04/Women-and-girls-who-are-homeless_2020-Agenda-Briefing-2.pdf)*). In 2021-22, families with children represented 62.5% of households owed a main housing duty as well as 38% of those owed a prevention duty (*MHCLG (2021) Statutory homelessness Annual Report, England 2020-2021. <https://www.gov.uk/government/statistics/statutory-homelessness-in-england-financial-year-2020-2>*). Despite sharing information on

- These steps will be set out in a personalised housing plan that, wherever possible, must be agreed between the local authority and the applicant.

However, an outcome of the strategy and on-going actions is to better the prevention package on offer to those who may find themselves homeless. Therefore, it may be necessary to investigate what services the City has on offer to couples, both married and in civil partnerships, that may be dealing with a relationship breakdown. This would also need to be extended to what services are offered people fleeing violent relationships (whether married or in a civil partnership).

Though there may be few couples sleeping rough in the City of London it will be part of the strategy and on-going action plan to support these people through:

- Training for all front-line staff that may come into contact with couples sleeping rough. Such training should include being able to support couples into accommodation should they wish to stay together and also being able to identify whether there is any abuse.
- Ensuring the rough sleeping services commissioned by the City of London are supportive of couples that wish to remain together in seeking accommodation.



## Marriage and Civil Partnership

ethnicity and disability, there is no breakdown of households with children by sex in statutory homelessness statistical releases

Domestic abuse services such as refuges are often left out of homelessness statistics but are almost exclusively for adult women and their children. This form of homelessness is therefore often missing from discussions on homelessness  
(Bretherton, J. (2017) *Reconsidering Gender in Homelessness*, *European Journal of Homelessness* (11) pp 1-2)

St Mungo's have developed a specific toolkit for working with couples, supported by the City of London Corporation and other local authorities -  
StMungos\_Homeless\_Couples\_Toolkit.pdf

## Intersectionality [Double click here to add impact / Hide](#)

Check box if NOT applicable

### *Intersectionality*

**Additional Equalities Data (Service level or Corporate)** *Include data analysis of the impact of the proposals*

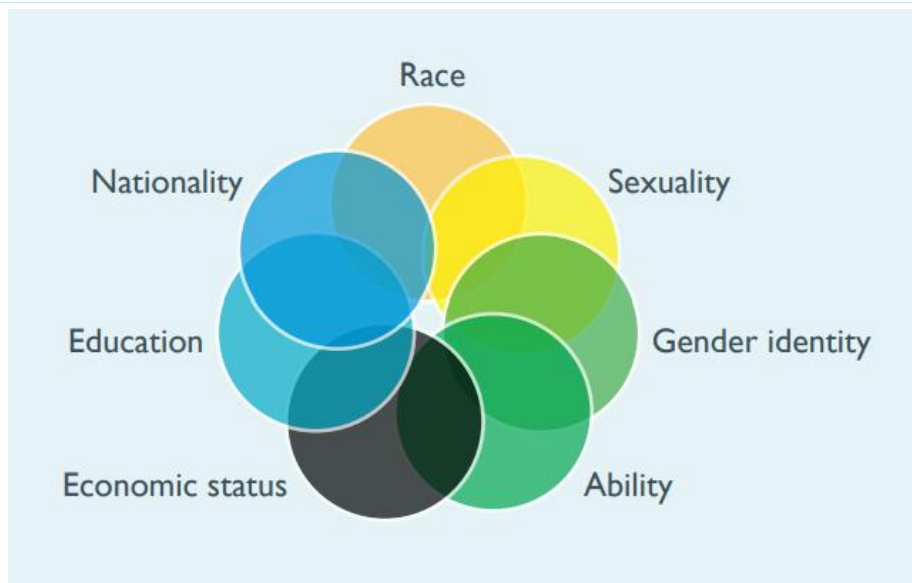
**What is the proposal's impact on the equalities aims?** *Look for **direct impact** but also evidence of **disproportionate impact** i.e. where a decision affects a protected group more than the general population, including **indirect impact***

Intersectionality of equality should also be considered, as most individuals do not only fall within one protected characteristic.

Viewing homelessness through an intersectional lens needs to occur at all levels, throughout every stage of someone's journey, from data disaggregation and co-production to ensuring a service is truly accessible to all, with policies in place to reduce barriers to access – whether those are physical barriers, language barriers, or by making someone feel unwelcome or unrepresented

**What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?**

## Intersectionality



65% of LGBTQ+ homeless young people supported by Akt were also people of colour. And research by this organisation also found that a third of LGBTQ+ young people of colour facing homelessness were not aware of any support available to them, compared with 21% of white LGBTQ+

For LGBTQ+ ethnic minorities, the intersection of minority identities increases the odds of adverse experiences through the greater likelihood they will also suffer poverty, discrimination, and victimisation (*Page M. Forgotten Youth: Homeless LGBT Youth of Color and the Runaway and Homeless Youth Act. Northwest. J. Law Soc. Policy. 2017;12:17–45*)

One study on the experiences of Black and minoritised women fleeing abuse in London found that they experienced cycles of victimisation when they tried to seek support and safe accommodation, and discrimination based on their race, immigration status, language skills, class and disability (*Lopes Heimer, R. (2019) A roof, not a home: The housing experiences of Black and minoritised women survivors of gender-based violence in London. London: Latin American Women's Aid*)

Male violence and abuse is an almost universal experience among women experiencing homelessness, either as a direct cause or result of homelessness, and

### *Intersectionality*

there is strong evidence for a considerable connection between experiences of abuse and mental ill-health either as a result of the abuse, or a result of it, leading to increased vulnerability, and potentially further abuse.

Migrant women may also face further vulnerabilities due to insecure immigration status, language barriers or unfamiliarity with UK systems

### **Additional Impacts on Advancing Equality & Fostering Good Relations** [Double click here to add impact / Hide](#) [Check box if NOT applicable](#)

This section seeks to identify what additional steps can be taken to promote these aims or to mitigate any adverse impact. Analysis should be based on the data you have collected above for the protected characteristics covered by these aims. In addition to the sources of information highlighted above – you may also want to consider using:

- Equality monitoring data in relation to take-up and satisfaction of the service

- Equality related employment data where relevant
- Generic or targeted consultation results or research that is available locally, London-wide or nationally
- Complaints and feedback from different groups.

## Conclusion and Reporting Guidance

*Set out your conclusions below using the EA of the protected characteristics and submit to your Director for approval.*

*If you have identified any negative impacts, please attach your action plan to the EA which addresses any negative impacts identified when submitting for approval.*

*If you have identified any positive impacts for any equality groups, please explain how these are in line with the equality aims.*

*Review your EA and action plan as necessary through the development and at the end of your proposal/project and beyond.*

*Retain your EA as it may be requested by Members or as an FOI request. As a minimum, refer to any completed EA in background papers on reports, but also include any appropriate references to the EA in the body of the report or as an appendix.*

### **This analysis has concluded that...**

The analysis has indicated that the Homelessness Strategy 2023-27 will have a positive impact on vulnerable groups, such as single males without dependants threatened with homelessness, due to the new duties under the Homelessness Reduction Act 2017.

The analysis has highlighted that professionals and other front-line staff across health, housing, homelessness and rough sleeping need to understand that age, disability, race, sex, sexual orientation, marital status and intersectionality can all add challenges and nuances to accessing and accepting support services. Following the approval of the Homelessness Strategy 2023-27 an action plan will be developed that takes into consideration equality impact issues throughout. This will be supported by an Implementation Group that will provide scrutiny through the role of the Equalities Manager.

### **Outcome of analysis** - *check the one that applies*

#### **Outcome 1**

No change required where the assessment has not identified any potential for discrimination or adverse impact and all opportunities to advance equality have been taken.

#### **Outcome 2**

Adjustments to remove barriers identified by the assessment or to better advance equality. Are you satisfied that the proposed adjustments will remove the barriers identified?

#### **Outcome 3**

Continue despite having identified some potential adverse impacts or missed opportunities to advance equality. In this case, the justification should be included in the assessment and should in line with the duty have 'due regard'. For the most important relevant policies, compelling reasons will be needed. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact.

**Outcome 4**

Stop and rethink when an assessment shows actual or potential unlawful discrimination.

<b>Signed off by Director:</b>	<input type="text"/>	<b>Name:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>
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